eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OOZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District	1			
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		•	G	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description LA Phil		Date(s) 04	, 26 , 2019	L
Provide Title/Expl	anation	LA Phi	1	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: LA PIII	Name of Sou	Irce
Was ticket distribution made at the behest	No⊠ Yes	П "	AVAINE V. SOC	Control of the Contro
of agency official?	Noë Yes	If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or a	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Verification If never read and understand FPPC Regulations 18944.1 and	110042 (barrer	radiad that the distribution and	in the above in in	b the case (constant)
DA LA VI	18942. I nave v a Garcia		o <i>dh above, is in accordance wit</i> et Administrator	
Signature of Agency Head or Designee	a Garcia Print Nar			04/15/2019
Signature or Agency nead or Designee	Print Nar	THE STATE OF THE S	Title	(Month, Day, Year)
Comment:				

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	California Q00
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			[Amendment (Must or	ovide explanation in Part 3.)
Area Code/Phone Number E-mail bgarcia@bos	1			OVICE EXPIGITATION IN FIRE S.)
	.iacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			9	9.00
Does the agency have a ticket policy?	Yes No		f Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Explain	anation	Date(s) 04	26 2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of Sou	irce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
. Recipients	· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's department or to	ınit. • Use Se	ection B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	rass(es)	Ceremonial Role	Other Other describe below:	Income
		Ceremonial Role	Other al Role" or "Other" describe below;	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Varification 1				
Verification have read and understand FPPC Regulations 18944.1 and	18942 have w	edited that the distribution t	dh ahaya ia ia c	tt.
Barbara		Lance to the second	nh above, is in accordance with t Administrator	
Signature of Agency Head or Designee	Print Nan			04/15/2019
goney, 1996 of Designee	ennt ivan	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			DAmondment ((4-1	
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			16	8.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	0.00
Event Description LA Phil		Date(s) 04	, 27 , 2019	
Provide Title/Expl		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	⋉ If no:	Name of Sour	ce
Was ticket distribution made at the behest	No⊠ Yes	□ If yes: □		
of agency official?		-	Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or	Number of	ection B to identify an individu	ial. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
Name of Individual	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role	Other Other describe below:	Income
		Ceremonial Role	Other later to the control of the co	Income
		in one own	ar Note of Carles describe below,	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
			WARRIED TO THE PROPERTY OF THE	
4. Verification				
I have read and understand FPPC Regulations 18944.1 and	l 18942. I have v	erified that the distribution set for	orth above, is in accordance with	the requirements.
Barbar	a Garcia	Ticke	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nar	ne	Tille	(Month, Day, Year)
Comment:	and the same of th			

celemonial Noie Events and Tic	Keul ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amondment (Must on	Dvide explanation in Part 3.)
Area Code/Phone Number E-mail				ovige explanation in Fan 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			99	9.00
Does the agency have a ticket policy?	Yes No		f Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 04	, 28 , 2019	
Provide Title/Exp		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: □	Name of Sou	rce.
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		
of agency official?	140		Official's Name (La	ast, First)
3. Recipients		an a said and a said and a said a		
Use Section A to identify the agency's department or		ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other Role" or "Other" describe below:	ng:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
. Verification	- U			and the second s
have read and understand FPPC Regulations 18944.1 and		erified that the distribution set f	orth above, is in accordance with	the requirements.
10 1000	a Garcia	Ticke	et Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
Comment:				

eremonial Role Events and Tid	KeuPass	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			-	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bo:	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		of dive		
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	99.00
Event Description LA Phil		Date(s) 04	,28 ,2019	
Provide Title/Exp	lanation	· -		VL
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
Was ticket distribution made at the hate of	🖾		Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ral. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant	
	Pass(es)			
Staff	2	Per ticket policy 5.3	(k)	
		er deket policy 5.5	(1)	
D Nome of Individual	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other 🔲	Income
	and the same of th	If checking "Ceremons	ial Role" or "Other" describe below:	
	-	Commercial Date		
		Ceremonial Role If checking "Ceremonial Control of the Control of	Other U	Income
	1		7,000	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
(morate address and description)	Pass(es)			
34.30				
Verification Deve read and understand EPPC Regulations 18944 1 and	18042 6	afford that B = 15-15	46 - 1	
Maye read and understand FPPC Regulations 18944.1 and	18942. I nave vi a Garcia	l lease to		
7.73 DE # 0 1835 - IDG[DG]	a Garcia	A CONTRACTOR OF THE PARTY OF TH	t Administrator	04/15/2019
	Orient At-		-	
Signature of Agency Head or Designee	Print Nan	50	Title	(Month, Day, Year)

Agency Name			Date Stamp	California 802
County of Los Angeles				For Official Use Only
Division, Department, or Region (If Applicable	·)			To one and a second
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	lacounty o	24	Date of Original Filing:	
L Manual L	.iacounty.g) V	Date of Original Filling.	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?	Yes⊠ No	□ Face Value s	of Each Ticket/Pass \$	58.00
LADIU	Yes No		30 2019	
Event Description LA Phil Provide Title/Expla	anation	Date(s) 04	130 12019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	X If no: LA Phi	1	
	23432 - 124		Name of Sou	rge .
Was ticket distribution made at the behest of agency official?	No∑ Yes	If yes:	05.11.11	
			Official's Name (L	ast, First)
Recipients • Use Section A to identify the agency's department or a	mit allea Sa	otion B to identify an individu	al Har Cartier Otalian	
	Number of	and the state of t		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff		Doutisket policy 5.2	(1.)	
Stall	2	Per ticket policy 5.3	(K)	
	Number of			
Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other 🔲	Income
	ACCOUNT OF THE PERSON OF THE P	If checking "Ceremon	ial Role" or "Other" describe below:	
		Columnia ingression		
	1	Ceremonial Role	Other	leans [
		Page 1 of the control	ial Role" or "Other" describe below:	Income
			The state of the s	
	<u> </u>			
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Pass(es)			
Verification ,				200 - 200 Park (1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980
have read and understand FPPC Regulations 18944.1 and	18 942 . have y	rified that the distribution set fo	orth above, is in accordance with	the requirements.
Barbara Barbara			t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nan	P	Title	(Month, Day, Year)
-				
Comment:				

County of Los Angeles Date Stamp Califor Form	ricial Use Only
Board of Supervisor, First District	icial Use Only
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: (Month, Day 123-974-4111 Date of Original Filing: (Month, Day 168-00) Function or Event Information Does the agency have a ticket policy? Yes No Pace Value of Each Ticket/Pass 168.00 Event Description LA Phil Date(s) O4 30 2019 Date(s) O4 30 2019 Date(s) O4 O4 O4 O4 O4 O4 O4 O	on in Part 3.)
Barbara Garcia, Ticket Administrator	
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail	
Area Code/Phone Number E-mail Date of Original Filing:	
Date of Original Filing: Month, Day	
Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Recipients Use Section B to identify an individual. Use Section C to identify an outside of the public purpose made pursuant to the agency Pass(es) LA Phil Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Pass(es) LA Phil Name of Source No Yes If yes: Official's Name (Last, First) Describe the public purpose made pursuant to the agency Pass(es) Last, First) Recipients Use Section C to identify an outside of the public purpose made pursuant to the agency Pass(es) Last, First) Recipients LA Phil Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Last, First) Recipients Last, First) Ceremonial Role Other O	, Year)
Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Pass(es) Staff 2 Per ticket policy 5.3 (k) Number of Ticket(s)/Pass(es) Identify one of the following: Ceremonial Role Other Other Other Other O	, rearj
Event Description LA Phil	
Event Description LA Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Recipients Official's Name (Last, First) Describe the public purpose made pursuant to the agency ficket policy 5.3 (k) Ceremonial Role Other O	
Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other	
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other LA Phil Name of Source Name of Source Name of Source Name of Source Name of Last, First) Name of Last, First) Name of Individual Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Othe	
Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff Describe the public purpose made pursuant to the agency Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Number of Ticket(s)/ Pass(es) Ceremonial Role Other	
Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside of Ticket(s)! Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)! Pass(es) Per ticket policy 5.3 (k) Ceremonial Role Other	DESCRIPTION OF THE PROPERTY OF
Pecipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Ceremonial Role Other	
Staff Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Number of Ticket(s)/ Pass(es)	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside of Ticket(s)/ Pass(es) Staff 2	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	organization
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other	
Ticket(s)/ Pass(es) Ceremonial Role Other	
	Income
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency	s policy
Verification Theye read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement	
Barbara Garcia Ticket Administrator 04/	ts.
Signature of Agency Head or Designee Print Name Title (A	nts. 15/20 19
	15/20 19
Comment:	